



## General

#### Title

Pneumococcal vaccination status for older adults: percentage of Medicare members 65 years of age and older who have ever received a pneumococcal vaccination.

## Source(s)

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 2, technical specifications for health plans. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 3, specifications for survey measures. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

# Measure Domain

## Primary Measure Domain

Clinical Quality Measures: Process

## Secondary Measure Domain

Does not apply to this measure

# **Brief Abstract**

## Description

This measure uses survey data to assess the percentage of Medicare members 65 years of age and older as of January 1 of the measurement year who have ever received a pneumococcal vaccination.

This measure is collected by Centers for Medicare & Medicaid Services (CMS) using the Medicare CAHPS Survey (Medicare).

#### Rationale

Pneumonia infection is a common cause of illness and death in the elderly. Each year, pneumonia causes an estimated 40,000 deaths among adults in the United States (U.S.). Pneumonia accounts for more deaths than any other vaccine-preventable bacterial disease (Centers for Disease Control and Prevention, 1997). The burden of this disease is high for older adults, but the potential for prevention is also high. Pneumonia infections result in significant health care costs each year, and vaccination is safe and effective.

The specifications for this measure are consistent with current recommendations from the Advisory Committee on Immunization Practices (ACIP) (Bridges et al., 2002), which recommends pneumococcal vaccine for all individuals who are 65 and older to protect against infection. Many people are unaware of the need for flu shots; many seniors are unaware of the need for vaccination against pneumonia or they harbor misconceptions about the vaccinations' usefulness.

#### Evidence for Rationale

Bridges CB, Fukuda K, Uyeki TM, Cox NJ, Singleton JA. Prevention and control of influenza. Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR Recomm Rep. 2002 Apr 12;51(RR-03):1-31. PubMed

Centers for Disease Control and Prevention. Prevention of pneumococcal disease: recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR Recomm Rep. 1997 Apr 4;46(RR-8):1-24. [123 references] PubMed

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

# Primary Health Components

Pneumonia; vaccination

## **Denominator Description**

The number of eligible members who responded "Yes" or "No" to the question "Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine."

See the related "Denominator Inclusions/Exclusions" field.

## **Numerator Description**

The number of members in the denominator who responded "Yes" to the question "Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine."

# Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A clinical practice guideline or other peer-reviewed synthesis of the clinical research evidence

A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

#### Additional Information Supporting Need for the Measure

- Pneumococcal disease is caused by bacteria and can result in a range of ailments, from mild ear infections to meningitis, sepsis and fatal pneumonia (National Institute of Allergy and Infectious Diseases, 2014). Adults over the age of 65 years, especially those with chronic illnesses, are at an increased risk for pneumococcal disease and death (Centers for Disease Control and Prevention [CDC], 2014).
- In people over 65 years of age, pneumococcal disease causes approximately 242,000 hospitalizations and 16,000 deaths every year and results in \$1.8 billion in health care costs (Huang et al., 2011).
- The percentage of adults 65 years of age and older who received a pneumococcal vaccination is 20.6 percent and 17.6 percent lower among the Hispanic population and the non-Hispanic black population, respectively, than the non-Hispanic white population (CDC, 2013).
- There are approximately 73 million adults in the United States who have an indication for pneumococcal vaccination, but have not yet been vaccinated (National Foundation for Infectious Diseases, 2012).
- The pneumococcal vaccination has been shown to be 56 percent to 81 percent effective at preventing disease (CDC, 1997).
- Pneumococcal disease in older adults can result in complications and death. The best way to prevent pneumococcal disease is by getting vaccinated.

#### Evidence for Additional Information Supporting Need for the Measure

Centers for Disease Control and Prevention (CDC). Pneumonia can be preventedâ€"vaccines can help. [internet]. Atlanta (GA): Centers for Disease Control and Prevention; 2014 Feb [accessed 2014 Jun 29].

Centers for Disease Control and Prevention (CDC). Receipt of pneumococcal vaccination. Atlanta (GA): Centers for Disease Control and Prevention (CDC); 2013 Jun. 5 p.

Centers for Disease Control and Prevention. Prevention of pneumococcal disease: recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR Recomm Rep. 1997 Apr 4;46(RR-8):1-24. [123 references] PubMed

Huang SS, Johnson KM, Ray GT, Wroe P, Lieu TA, Moore MR, Zell ER, Linder JA, Grijalva CG, Metlay JP, Finkelstein JA. Healthcare utilization and cost of pneumococcal disease in the United States. Vaccine. 2011 Apr 18;29(18):3398-412. PubMed

National Committee for Quality Assurance (NCQA). The state of health care quality 2015. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. 205 p.

National Foundation for Infectious Diseases (NFID). Pneumococcal disease: hard to say it; easy to get vaccinated. Bethesda (MD): National Foundation for Infectious Diseases (NFID); 2012 Dec. 2 p.

National Institute of Allergy and Infectious Diseases (NIAID). Pneumococcal disease. [internet]. Bethesda (MD): National Institutes of Health (NIH); 2014 Jan 31 [accessed 2014 Jun 29].

#### **Extent of Measure Testing**

All HEDIS measures undergo systematic assessment of face validity with review by measurement advisory panels, expert panels, a formal public comment process and approval by the National Committee for Quality Assurance's (NCQA's) Committee on Performance Measurement and Board of Directors. Where applicable, measures also are assessed for construct validity using the Pearson correlation test. All measures undergo formal reliability testing of the performance measure score using beta-binomial statistical analysis.

## Evidence for Extent of Measure Testing

Rehm B. (Assistant Vice President, Performance Measurement, National Committee for Quality Assurance, Washington, DC). Personal communication. 2015 Mar 16. 1 p.

## State of Use of the Measure

#### State of Use

Current routine use

#### **Current Use**

not defined yet

# Application of the Measure in its Current Use

# Measurement Setting

Managed Care Plans

# Professionals Involved in Delivery of Health Services

not defined yet

# Least Aggregated Level of Services Delivery Addressed

Single Health Care Delivery or Public Health Organizations

# Statement of Acceptable Minimum Sample Size

Specified

# Target Population Age

Age greater than or equal to 65 years

## **Target Population Gender**

Either male or female

# National Strategy for Quality Improvement in Health Care

## National Quality Strategy Aim

Better Care

## National Quality Strategy Priority

Health and Well-being of Communities
Prevention and Treatment of Leading Causes of Mortality

# Institute of Medicine (IOM) National Health Care Quality Report Categories

#### **IOM Care Need**

Staying Healthy

#### **IOM Domain**

Effectiveness

# Data Collection for the Measure

## Case Finding Period

The measurement year

# **Denominator Sampling Frame**

Enrollees or beneficiaries

# Denominator (Index) Event or Characteristic

Patient/Individual (Consumer) Characteristic

#### **Denominator Time Window**

not defined yet

#### **Denominator Inclusions/Exclusions**

#### Inclusions

The number of eligible members who responded "Yes" or "No" to the question "Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine."

Note: Eligible Population: Medicare members age 65 years and older as of January 1 of the measurement year who were continuously enrolled for six months prior to the Centers for Medicare & Medicaid Services (CMS) administration of the survey with no gaps in enrollment and currently enrolled at the time the survey is completed.

Exclusions

Unspecified

### Exclusions/Exceptions

not defined yet

#### Numerator Inclusions/Exclusions

#### Inclusions

The number of members in the denominator who responded "Yes" to the question "Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine."

Exclusions

Unspecified

# Numerator Search Strategy

Fixed time period or point in time

#### Data Source

Administrative clinical data

Patient/Individual survey

# Type of Health State

Does not apply to this measure

## Instruments Used and/or Associated with the Measure

Medicare CAHPS Survey

# Computation of the Measure

# Measure Specifies Disaggregation

Does not apply to this measure

#### Scoring

Rate/Proportion

## Interpretation of Score

Desired value is a higher score

## Allowance for Patient or Population Factors

not defined yet

#### Standard of Comparison

not defined yet

# **Identifying Information**

# Original Title

Pneumococcal vaccination status for older adults (PNU).

#### Measure Collection Name

HEDIS 2016: Health Plan Collection

#### Measure Set Name

Effectiveness of Care

#### Measure Subset Name

Measures Collected Through CAHPS Health Plan Survey

#### Submitter

National Committee for Quality Assurance - Health Care Accreditation Organization

## Developer

National Committee for Quality Assurance - Health Care Accreditation Organization

# Funding Source(s)

Unspecified

#### Composition of the Group that Developed the Measure

National Committee for Quality Assurance's (NCQA's) Measurement Advisory Panels (MAPs) are composed of clinical and research experts with an understanding of quality performance measurement in the particular clinical content areas.

#### Financial Disclosures/Other Potential Conflicts of Interest

In order to fulfill National Committee for Quality Assurance's (NCQA's) mission and vision of improving health care quality through measurement, transparency and accountability, all participants in NCQA's expert panels are required to disclose potential conflicts of interest prior to their participation. The goal of this Conflict Policy is to ensure that decisions which impact development of NCQA's products and services are made as objectively as possible, without improper bias or influence.

## Measure Initiative(s)

Physician Quality Reporting System

### Adaptation

This measure is collected, calculated and reported by the Centers for Medicare & Medicaid Services (CMS) using the Medicare version of the CAHPS survey (Medicare CAHPS survey).

CAHPS 5.0 is sponsored by the Agency for Healthcare Research and Quality (AHRQ).

## Date of Most Current Version in NQMC

2015 Oct

#### Measure Maintenance

Unspecified

# Date of Next Anticipated Revision

Unspecified

#### Measure Status

This is the current release of the measure.

This measure updates previous versions:

National Committee for Quality Assurance (NCQA). HEDIS 2015: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2014. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2015: Healthcare Effectiveness Data and Information Set. Vol. 2, technical specifications for health plans. Washington (DC): National Committee for Quality Assurance (NCQA); 2014. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2015: Healthcare Effectiveness Data and Information Set. Vol. 3, specifications for survey measures. Washington (DC): National Committee

#### Measure Availability

Source available for purchase from the National Committee for .	Quality Measurement (NCQA) Web site
For more information, contact NCQA at 1100 13th Street, NW, 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org	Suite 1000, Washington, DC 20005; Phone:

#### Companion Documents

The following are available:

National Committee for Quality Assurance (NCQA). The state of health care quality 2015. Washington (DC): National Committee for Quality Assurance (NCQA); 2015 Oct. 205 p. National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 2, technical update. Washington (DC): National Committee for Quality Assurance (NCQA); 2015 Oct 1. 12 p.

For more information, contact the National Committee for Quality Assurance (NCQA) at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Phone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org \_\_\_\_\_\_\_\_.

#### **NQMC Status**

This NQMC summary was completed by ECRI on August 7, 2003. The information was verified by the measure developer on October 24, 2003.

This NQMC summary was updated by ECRI on June 16, 2006. The updated information was not verified by the measure developer.

This NQMC summary was updated by ECRI Institute on April 21, 2008. The information was verified by the measure developer on May 30, 2008.

This NQMC summary was updated by ECRI Institute on March 27, 2009. The information was verified by the measure developer on May 29, 2009.

This NQMC summary was updated by ECRI Institute on April 30, 2010, May 25, 2011, November 26, 2012, June 11, 2013, April 4, 2014, May 12, 2015, and again on February 19, 2016.

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## Production

## Source(s)

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National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 3, specifications for survey measures. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

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